

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series HOME HEALTH AGENCY MANUAL	SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS		PAGE 6-1
	TRANSMITTAL LETTER HHA-37	DATE 07/01/05	

601 Explanation of Abbreviation

The abbreviation "P.A." indicates that MassHealth prior authorization is required (see program regulations in Subchapter 4 of the *Home Health Agency Manual*).

602 Definitions

With nursing service codes T1002 and T1003, nursing services provided on a “weekend” or “holiday” will be automatically reimbursed in accordance with the applicable fee schedule of the Division of Health Care Finance and Policy (DHCFP). Providers must use a service code that accurately reflects the nursing service provided.

(A) Day – the hours from 7:00 A.M. to 2:59 P.M., Sunday through Saturday.

(B) Night – the hours from 3:00 P.M. to 6:59 A.M., Sunday through Saturday.

(C) Nursing modifiers –

UJ – night

TT – one nurse to two members (day)

U1 – one nurse to two members (night)

U2 – one nurse to three members (day)

U3 – one nurse to three members (night)

603 Service Codes and Descriptions: Home Health Aide, Personal Care Worker, Therapy, and Nursing Services

Service

Code-Modifier Service Description

Nursing (for a Visit of Two Hours or Less), Home Health Aide, and Personal Care

G0154 Services of skilled nurse in home health setting, each 15 minutes (P.A. for MassHealth Basic members not enrolled with a managed care organization and for Complex Care members)

99058 Office services provided on an emergency basis

G0156 Services of home health aide in home health setting, each 15 minutes (P.A. for Complex Care members)

T1019 Personal care services, per 15 minutes

Therapy

G0151 Services of physical therapist in home health setting, each 15 minutes (P.A. after 20 visits)

G0152 Services of occupational therapist in home health setting, each 15 minutes (P.A. after 20 visits)

G0153 Services of speech and language pathologist in home health setting, each 15 minutes (P.A. after 35 visits)

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series HOME HEALTH AGENCY MANUAL	SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS	PAGE 6-2
	TRANSMITTAL LETTER HHA-37	DATE 07/01/05

603 Service Codes and Descriptions: Home Health Aide, Personal Care Worker, Therapy, and Nursing Services (cont.)

Service

Code-Modifier Service Description

Nursing Services (More Than a Two-Hour Visit)

Individual Patient Nursing

The following service codes must be used for nursing care provided by one nurse to one member.

T1002	RN services, up to 15 minutes (day) (P.A.)
T1003	LPN/LVN services, up to 15 minutes (day) (P.A.)
T1002-UJ	RN services, up to 15 minutes (night) (P.A.)
T1003-UJ	LPN/LVN services, up to 15 minutes (night) (P.A.)

Multiple-Patient Nursing

The following service codes are to be used for nursing care provided by one nurse simultaneously to two members.

T1002-TT	RN services, up to 15 minutes (day) (each member) (P.A.)
T1003-TT	LPN/LVN services, up to 15 minutes (day) (each member) (P.A.)
T1002-U1	RN services, up to 15 minutes (night) (each member) (P.A.)
T1003-U1	LPN/LVN services, up to 15 minutes (night) (each member) (P.A.)

The following service codes are to be used for nursing care provided by one nurse simultaneously to three members.

T1002-U2	RN services, up to 15 minutes (day) (each member) (P.A.)
T1003-U2	LPN/LVN services, up to 15 minutes (day) (each member) (P.A.)
T1002-U3	RN services, up to 15 minutes (night) (each member) (P.A.)
T1003-U3	LPN/LVN services, up to 15 minutes (night) (each member) (P.A.)